

INVENTOR INFORMATION

Inventor One Given Name:: David
Family Name:: Lipson
Postal Address Line One:: 131 Phesant Brook Road
City:: North Andover
State or Province:: Massachusetts
Postal or Zip Code:: 01845
City of Residence:: North Andover
State or Province of Residence:: Massachusetts
Citizenship Country:: USA
Inventor Two Given Name:: Peter
Family Name:: Forrest
Postal Address Line One:: 7330 Bancroft Way
City:: Inver Grove Heights
State or Province:: Minnesota
Postal or Zip Code:: 55077-3115
City of Residence:: Inver Grove Heights
State or Province of Residence:: Minnesota
Citizenship Country:: USA

CORRESPONDENCE INFORMATION

Name Line One:: Peter Forrest
Address Line One:: 7330 Bancroft Way
City:: Inver Grove Heights
State or Province:: Minnesota
Postal or Zip Code:: 55077-3115
Telephone One:: 6515529805
Electronic Mail One:: peterforrest@mn.mediaone.net

APPLICATION INFORMATION

Title Line One:: Medical Diagnostic Methods, Systems, and
Title Line Two:: Related Equipment

Total Drawing Sheets:: 6
Formal Drawings?: No
Application Type:: Utility
Docket Number:: 2
Secrecy Order in Parent Appl.?: No

REPRESENTATIVE INFORMATION

Registration Number One:: 33235

CONTINUITY INFORMATION

This application is a:: NON PROV. OF PROVISIONAL

> Application One:: 60/164,586
Filing Date: 11-10-1999

Source:: PrintEFS Version 1.0.1